

Continuous Program Improvement Tool Kit Feedback Form

Agency Name: _____

Agency #: _____

Name of person completing this form: _____

1. Which CPI Tool did you complete this year? If you completed more than one tool, please mark all that apply.

☐ Implementation Tool –
Educator Version
☐ Training & Support Tools –
Health Educator Version
☐ Implementation Tool –
Observer Version
☐ Training & Support Tools –
Peer Educator Version
☐ Participant Satisfaction

2. Orientation

- a) The initial orientation to the *CPI Tool Kit* was adequate to get started.

Strongly
Disagree

Neutral

Strongly
Agree1 ☐2 ☐3 ☐4 ☐5 ☐

- b) What would have made the orientation more useful?

3. Level of Support

- a) The level of support (e.g., scheduled phone or email check-ins) we received from our Evaluation Liaison was sufficient.

Strongly
Disagree

Neutral

Strongly
Agree1 ☐2 ☐3 ☐4 ☐5 ☐

- b) What other types of support would have been helpful?

4. Suggestions for Improvement

- a) What suggestions do you have to improve the tool that you completed and/or the instructions for the tool?

- b) Please provide any other comments or suggestions about the CPI tool kit.